Minnesota Board of Animal Health 625 Robert St. North St. Paul, MN 55155 (651) 296-2942	Revised July 2016										41- 1650442																			
1. Owner/Consignor's Name:					5. Consignee's Name: 454-474-4380						10. Nu	10. Number in Shipment:																		
SKYline View LLC 2. Owner/Consignor's Address:					Petland Davie						1(one)																			
P. O. PBox 741; SI. Charles, MN 55973- 3. Origin Address: (if different than above) 13570 Keller Dr.; St. Charles, MN 55972 4. Species: Swine Horse 8. Reason for Movement:						6. Consignee's Address: 11482 W State Rd 84 Dayie, FL 33325 7. Destination: (if different than above)						11. Permit Number: (if required by state of destination) 12. Herd or Flock Status: Disease:																		
																4. Species: Swine Horse Cattle Beef Breed Dairy Breed Goat Sheep Avian Cat Dog Cattle Dairy Breed Travel 8. Reason for Movement: Breeding Slaughter Show/Exhibition							9. Carrier's Name and Address: Puppy Travelers 1472 Hammer Rd NEOSHO MO 04850 ATruck Bair Car				Status: Status/Herd/Flock Number: Date of last herd test:			
																					□ Fe	eding								
Official Eartag, Tattoo or	Description of Animal or Registry				P	losis	Tuberculosis			Other Test		Other Vaccine or Treatment																		
Other Permanent ID	Name and Number		Age	Š	Breed	Brucellos Vacc. Tattoo	Date injected	Date Read	Results	Tested for	Date	Results	Product	Date																
1 1755-01	blk+Wh 84-1-	7	9WK	M	SH	NA																								
2						2																								
3			<u></u>								1																			
4					٠. ا					\																				
5	*																													
6														<u> </u>																
7																														
8									1																					
9									1																					
10			•						<u> </u>																					
11																														
12								W- 1	1		\																			
13																														
14				 					1		\ \																			
15		-+				<u> </u>																								
Certificate of Issuing Veterinarian: I certify	as an accredited veterinarian tha	t the des	scribed	animals	have bee	en inspected	by me and that	they are not sho	owing	Certificate of	Owner/Anent	(if required	by state of destination):																	
signs of infectious, contagious and/or commu best of my knowledge, the animals listed on t	inicable disease (except where n	oted). Th	he vacci	nation a	ind result	s of tests are	as indicated on	the certificate	To the	☐ Animals in t	his shipment a	re those ce	rtified to and listed on th	nis certificate.																
☐ I hereb										knowledge, ac	certify that the animal(s) in this shipment is (are), to the best of my acclimated to air temperatures lower than 7.2°C (45° F).																			
1	IN IN anni		ß	K	V.V.	M.		0367		Owner/Ager	nt Signature	Viens	5/10																	
Accredited Veterinarian Printed Name	ode	A	Address		0 00	bra K	V; 55952			Printed Nam			<u> </u>																	
	Date Issued	F	Phone	NO.	10n	• • • • •	2136	· · · · · · · · · · · · · · · · · · ·		Phone			Date of Owner Sign	ature																
LS 00167-16 White &	10-4-17 Blue - Copy to Board of Anii	mal Hea	alth (Si	ubmit v				Pink -	With Shi	oment	Velicu	- lesuina	10-4-17 Veterinarian																	

- The Control